

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594874

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10				/		
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12				/		
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41			/			
42				/		
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45						
46			/			
47				/		
48						
49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	22	←		←
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52			/			
53						
54						
55						
56			/			
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90			/			
91				/		
92			/			
93						
94			/			
95			/			
96			/			
97						
98						
99						
100						
TOTAL IND.		↓	13	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			31			